


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2005 8:00 am
Secretary of State

01-14-2005 90038 030 ****50.00

DOCUMENT # L04000050350 1. Entity Name FARRINGTON, LLC					
Principal Place of Business 6585 TREVINO DRIVE MILTON, FL 32570			Mailing Address 6585 TREVINO DRIVE MILTON, FL 32570		
2. Principal Place of Business 5685 TREVINO DRIVE		3. Mailing Address 5685 TREVINO DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State MILTON, FL 32570		City & State MILTON, FL		4. FEI Number 42-1637853	
Zip 32570		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 32570		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FARRINGTON, WILLIAM E III 6585 TREVINO DRIVE MILTON, FL 32570			7. Name and Address of New Registered Agent Name WILLIAM E. FARRINGTON, II Street Address (P.O. Box Number is Not Acceptable) 5685 TREVINO DRIVE City MILTON FL Zip Code 32570		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>William E. Farrington II</u> WILLIAM E. FARRINGTON, II, MGRM 1/7/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FARRINGTON, WILLIAM E II 6585 TREVINO DRIVE MILTON, FL 32570	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FARRINGTON, WILLIAM E. II 5685 TREVINO DRIVE MILTON, FL 32570	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FARRINGTON, WILLIAM E. II 5685 TREVINO DRIVE MILTON, FL 32570	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FARRINGTON, WILLIAM E. II 5685 TREVINO DRIVE MILTON, FL 32570	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>William E. Farrington II</u> WILLIAM E. FARRINGTON, II, MGRM 1/7/04 (850)438-1111 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					